

**A F T E R**



**SCHOOL**

a WISCONSIN YOUTH COMPANY program

## **Tuition Assistance Summer Day Camps**

**The AFTER SCHOOL tuition assistance fund available through Wisconsin Youth Company is limited and intended to provide short-term assistance to families for whom the cost is prohibitive.**

Wisconsin Youth Company may be able to provide tuition assistance for one camp week to families who qualify for free or reduced meals in the public schools. Applicants must first apply for assistance to their local county and/or City Human Service agencies. Families placed on county or city waiting lists may apply for AFTER SCHOOL Summer Day Camp Tuition Assistance.

If a child is eligible for **free** meals, the family may qualify for a 50% scholarship toward a maximum of one week of applicable summer day camp fees. If a child is eligible for **reduced** meals, a family may qualify for a 25% scholarship toward a maximum of one week of applicable summer day camp fees. Late pick up fees are not covered by Tuition Assistance.

If the applicant qualifies, and there are sufficient funds available, the applicant will be notified as soon as the application process is completed. Subject to qualification, scholarship funds are distributed on a first-come, first-serve basis.

The completed application and signed eligibility statement should be returned to:

AFTER SCHOOL  
Summer Day Camps  
1201 McKenna Blvd.  
Madison, WI 53719

If you have any questions regarding this application please contact the Administrative Office at 608-276-9782 or 800-238-1174.



# Tuition Assistance Application Summer Day Camps

The camp assistance fund available through AFTER SCHOOL is very limited and intended to provide partial short-term assistance to families for whom the cost of tuition is prohibitive. **Continued assistance beyond one week is not anticipated.**

Date \_\_\_\_\_

Child's name \_\_\_\_\_

Parent's (Guardian) name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

School child attends \_\_\_\_\_ Grade in fall \_\_\_\_\_

Summer Day Camp location: \_\_\_\_\_

Dates of Camp Requested: \_\_\_\_\_

Documentation of eligibility. The attached statement affirms my child's current eligibility for

reduced meals

free meals

I certify that this information is correct and complete to the best of my knowledge. I have contacted city or county day care assistance programs and although I qualify for assistance, none is currently available to me.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Office Use Only		
_____ Approved	_____ Date	_____ Amount of Funding
_____ Date Received		



## Reduced/Free Meals Eligibility Statement

I, \_\_\_\_\_, request verification of  
Parent's full name – Please print

\_\_\_\_\_'s current eligibility for the  
Student's full name – Please print

free /  reduced meals program through his/her school.

\_\_\_\_\_  
School student attends

I hereby authorize the \_\_\_\_\_ School District to release this information to Wisconsin Youth Company. This authorization is valid for only one year from the date signed. (see below).

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date Signed

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**This part must be completed by a representative at your student's school.**

For School Use Only

Date \_\_\_\_\_

The student named above:

is eligible for reduced meals

is eligible for free meals

\_\_\_\_\_  
School stamp or signature & title of school representative

\_\_\_\_\_  
Printed name of representative